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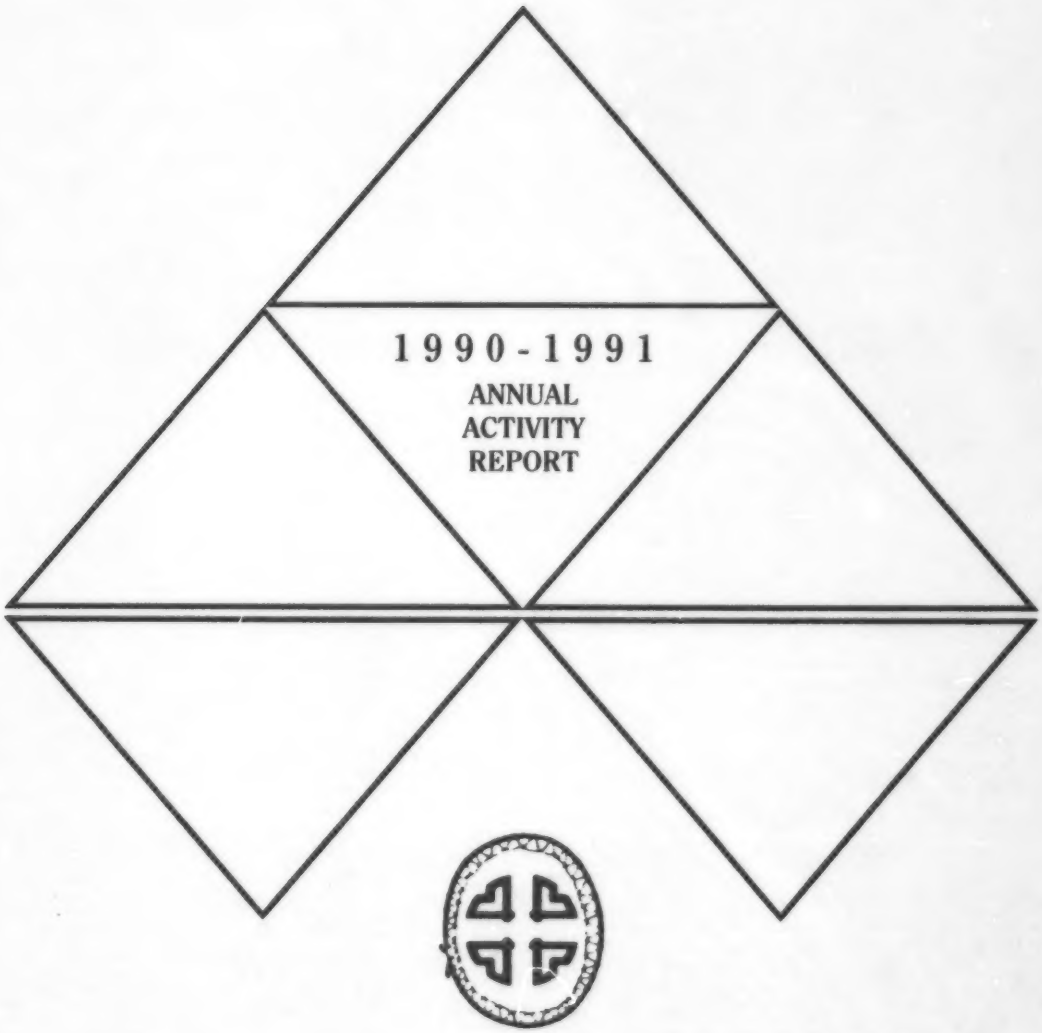

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

92-02405/

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Chisasibi, June 27 1991

Mr. Fred Georgekish
Chairman of the Board of Directors
of the Cree Board of Health and Social
Services of James Bay
Wemindji (Quebec)

Mr. Chairman,

I am pleased to send you a copy of the annual report of the Cree Board of Health and Social Services of James Bay.

We also wish to express our gratitude towards the members of the Board who were willing to contribute generously and effectively to the management of the Cree Regional Board.

Finally we hope that in the near future all the energies displayed by concerned individuals or groups will be coordinated in order to improve the health and social services for all the Cree beneficiaries of the James Bay.

Respectfully yours,

Steven Bearskin
General Manager, CBHSSJB

Wemindji, June 28 1991

Honourable Marc-Yvan Côté
Minister
Ministry of Health and Social Services
Edifice Joffre
1075, Chemin Sainte-Foy
15ième étage
Québec (Québec)

Mr. Minister,

On behalf of the Cree Board of Health and Social Services of James Bay, I am honoured to submit to you, in conformity with section 31 of the Act respecting Health and Social Services (R.S.Q., C.S-5), the Annual Report of activities carried out by our establishment for the year ending on March 31st, 1991.

Respectfully yours,

Fred Georgekish,
Chairmen of the
Board of Directors
Cree Board of Health and
Social Services of
James Bay
Wemindji (Québec)
J0M 1E0

INTRODUCTION

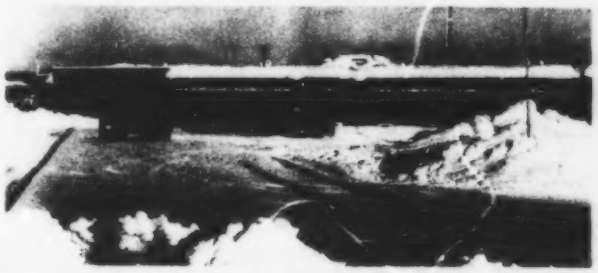
The James Bay and Northern Quebec Agreement, signed on November 11th, 1975, between the Governments of Canada and Quebec as well as the Grand Council of the Crees (of Quebec), anticipated the creation of a Cree Regional Board which would be responsible for the administration of appropriate health and social services for all people, either permanently or temporarily residing in Region 10-B.

The Order in Council 12-13-1978, dated April 20th, 1978, materialized this section of the Agreement by creating the Cree Board of Health and Social Services of James Bay.

The Cree Regional Board, in addition to its prescribed powers, duties and functions respecting health and social services, as defined by the Act, can also maintain public establishments in one or more of the following four (4) categories:

- Local Community Service Centre
- Hospital Centre
- Social Service Centre
- Reception Centre

The Cree Board of Health and Social Services of James Bay presently administers six public establishments, as well as six Services outlets situated in each Cree community of Region 10-B:



PUBLIC ESTABLISHEMENTS

Regional Hospital Centre
Chisasibi
James Bay (Quebec)
J0M 1E0

Weesapou Group Home
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel: (819) 855-2681

Cree Social Service Centre
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel: (819) 855-2844

Upaahchikush Group Home
Mistissini
Baie du Poste (Quebec)
G0W 1C0
Tel: (418) 923-2260

Coastal LCSC
Chisasibi
James Bay (Quebec)
J0M 1E0
Tel: (819) 855-2844

Inland LCSC
Mistissini
Baie du Poste (Quebec)
G0W 1C0
Tel: (418) 923-3376

Inland Services outlets
Waswanipi
James Bay (Quebec)
J0Y 3C0
Tel: (819) 753-2531

Nemaska, Champion Lake
c/o Camp Nemiskau
(Quebec)
J0Y 3B0
Tel: (819) 673-2511

Coastal Services outlets
Whapmagoostui
Hudson Bay (Quebec)
J0M 1G0
Tel: (819) 929-3307

Wemindji
James Bay (Quebec)
J0M 1L0
Tel: (819) 978-0225

Waskaganish
James Bay (Quebec)
J0M 1R0
Tel: (819) 895-8833

Eastmain
James Bay (Quebec)
J0M 1W0
Tel: (819) 977-0241

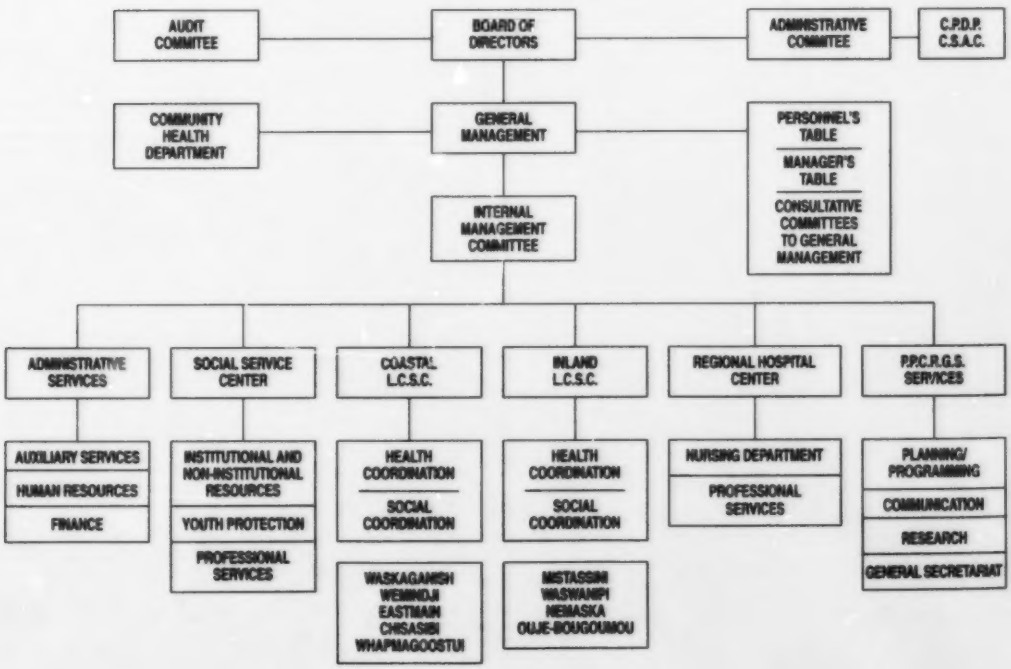
MEMBERS OF THE BOARD OF DIRECTORS

ADMINISTRATIVE COMMITTEE
AUDIT COMMITTEE

COMMUNITY/POSITION	REPRESENTATIVE
Chisasibi	Ms. Nellie Pash
Waskaganish	Mrs. Sophia Diamond
Mistissini*	Mrs. Bella Petawabano
Nemaska	Mr. John Henry Wapachee
Waswanipi*	Mrs. Lily Sutherland
Wemindji** *	Mr. Fred Georgekish, Chairman
Whapmagoostui	Mrs. Elizabeth Masty
Eastmain**	Mr. Kenneth Gilpin
Ouje-Bougoumou**	Mr. Johnny Dixon
Cree Regional Authority	Mrs. Violet Pachanos, Vice-chairwoman
Clinical Staff*	Dr. Michel Morissette
Clinical Staff	Mrs. Thérèse Snyder
Clinical Staff*	Mr. Abraham Bearskin
Non-Clinical Staff	Mr. George Pachanos
MGH - DSC	Dr. Elizabeth Robinson
General Manager*	Mr. Steven Bearskin

* *Members of the Administrative Committee*
** *Members of the Audit Committee*

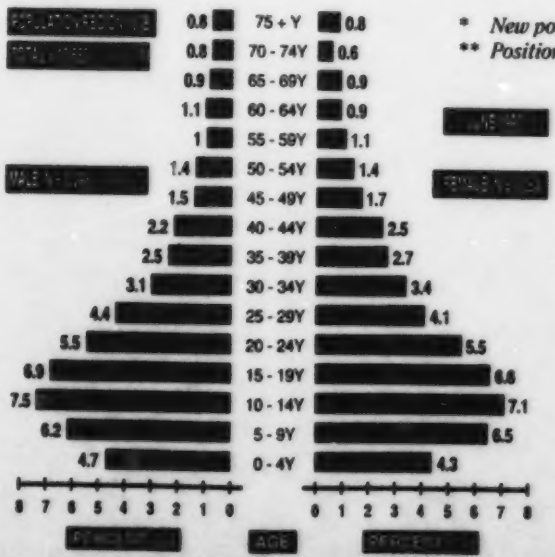
There have been four (4) regular meetings of the Board of Directors during the period covered by the present report, two (2) meetings of the Administrative Committee and one (1) special meeting.



CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

MANAGERIAL PERSONNEL
AS OF MARCH 31ST, 1991

General Manager	Mr. Steven Bearskin
Assistant General Manager - Administrative Services	Vacant
Director of Planning, Programming, Communications, Research, General Secretariat and Training Services	Mr. Richard St-Jean
Director of Regional Hospital Centre	Mr. Michel Normand
Director of Social Service Centre	Mr. Fernand Filion
Interim Director of Coastal LCSC	Mrs. Louise Carrier
Interim Director of Inland LCSC	Mr. Willie Ottereyes
Director of Professional Services - Health	Dr. Michel Morrissette
Director of Human Resources	Mr. Nil Morrisseau
Personnel Management Consultant	Mrs. Annie Bobbish
Director of Finance	Mr. Lawrence Potter
Assistant Director of Finance	Mr. Michel Dalton
Head of Purchasing	Mrs. Rollande Blais
Interim Coordinator, Patient's Services - Val d'Or	Mrs. Claudette Fortier
Director of Youth Protection	Mr. Abraham Bearskin
Director of Institutional and Non-Institutional Resources	Mr. Arnold Devlin
*Group Home Coordinator - Coastal	Mr. Edward Tapiatic
*Group Home Coordinator - Inland	Mr. Joe Neposh
**NNADAP Coordinator - Coastal	Mr. Edward Georgekish
**NNADAP Coordinator - Inland	Mr. Wally Rabbitskin
Director of Nursing	Mr. Jacques Poliquin
Unit Coordinator	Mrs. Mariette Bobbish
Unit Coordinator	Mrs. Carolle Higgins
Health Coordinator - Coastal LCSC	Mrs. Diane Guimond
Social Coordinator - Coastal LCSC	Mrs. Louise Langdeau
Health Coordinator - Inland LCSC	Mrs. Louise Cormier
Social Coordinator - Inland LCSC	Mrs. Josée Quesnel
Director of Auxiliary Services	Mr. Hugo Georgekish
Director of Maintenance Services	Mr. Roderick Matches
Head of the Kitchen	Mrs. Nellie House



* *New positions to be financed*
** *Positions financed by Federal Funds*

GENERAL MANAGER'S REPORT

On reviewing the annual activity report for the year ending March 31st, 1991, it is evident that no new development in services or programs was created in Region 10-B. Once again, this year was devoted mainly to the maintenance of existing programs and services and the preparation of many plans that require the approval of the Minister of Health and Social Services. Discussions with the Ministry regarding future development of programmes and services for Region 10-B have taken place this year.

Because the financial difficulties of the Cree Board of Health and Social Services of James Bay have not been resolved, most programs and services have been frozen. A special team was created by the Minister of Health and Social Services to analyse all services and programs provided by the CBHSSJB. The CBHSSJB and the Ministry agreed that the analysis will be completed sometime this fiscal year; hence, all the difficulties that we have encountered since the official creation of the CBHSSJB should be resolved.

We hope that, since April 10, 1978, the CBHSSJB will, finally, have adequate financial and human resources to fully carry out its mandate throughout Region 10-B. The following are highlights for the CBHSSJB for the year ending March 31st, 1991.

BUDGET

In 1990-91, our expenses are higher compared to the revenues allocated by the Ministry of Health and Social Services, and Health and Welfare of Canada. All the deficits for the last four years have created serious money problems. Deficits of .6 million 87/88, 1.3 million 88/89, 2.2 million 89/90, and 1.5 million 90/91 will be discussed with the Ministry of Health and Social Services, and with a team of experts. We hope this incessant problem will be solved.

OUJE-BOUGOUMOU

This past year, the CBHSSJB has awaited the official recognition of the Ouje-Bougoumou Crees as a separate Band by both levels of government. The last two years were devoted towards this new community by the CBHSSJB. This was done in agreement with the Ouje-Bougoumou Band Council, and Minister of Health and Social Services. The CBHSSJB , and the Community of Ouje-Bougoumou are ready to meet this new challenge.

CHISASIBI REGIONAL HOSPITAL

We need more funds to place Minor Surgery within the Hospital Centre, and to re-organize the Outpatient Clinic. Plans have been completed to have a Daycare Hospital for the elderly. The CBHSSJB will relocate all non-medical personnel to another site. This will complete the reorganization of Hospital Services.

In agreement with all of the above and the Ministry of Health and Social Services, we expect authorizations this fiscal year.

WEESAPOU GROUP HOME

The Construction of a new group home took place during this past year and we expect this new resource to open its doors this summer. It is an important and historical occasion for Cree Youth of Region 10-B. This new home is located in Chisasibi.

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WHAPMAGOOSTUI SERVICES OUTLET

The CBHSSJB and Kativik Regional Health Board have been advised by Minister Marc-Yvan Côté that a new services outlet will be available for the Whapmagoostui population.

This project will be ready for the Summer of 1991. New residences will also be included for this project.

CREE TREATMENT CENTRE

The existence of this project depends upon both levels of government. The plan for the centre was given to the federal government to be approved. Funding for training courses and operating budget will be dicussed this year.

This resource is needed for the Cree Population according to a feasibility study done in 1990. We hope that both levels of government will give their approval this year.

HEALTH SURVEY

Plans have been made to do a health survey in all Cree communities in the summer of 1991. This survey will be done by Santé Quebec, and will be carried out by Cree interviewers. This survey will help the CBHSSJB, and the government plan, programs and services for the Crees of Region 10-B. The success of this survey will depend on the cooperation of the population.

SERVICE CONTRACT WITH THE CREE SCHOOL BOARD

A service contract between the CBHSSJB and the Cree School Board will be signed this year. This arrangement will provide better health and social services for all Cree students in each Cree community and post secondary Cree students who leave their communities during the school year.

SURVEY ON SOCIO-CULTURAL IMPACT OF MERCURY

The CBHSSJB, the Mercury Committee and the Cree Regional Authority made a research proposal to study the economic and socio-cultural impact of the Mercury problem in the Cree territory.

This study will last two years, it will include the help of Cree local authorities, and the Cree Trappers Association. This study will be managed by the Research Service of the CBHSSJB.

VISIT OF THE MINISTER

Minister Marc-Yvan Côté visited Whapmagoostui, Chisasibi, Mistissini, and leaders of Ouje-Bougoumou in Chibougamau. The Cree Chiefs and members of each Band Council met with the Minister in their respective communities. The senior management staff of the CBHSSJB also met the Minister in Chisasibi. Some 38 files were discussed, and the minister made a promise to resolve the matters discussed with him. The Minister was accompanied by Grand Chief Matthew Coon-Come, Executive Chief Romeo Saganash, and Fred Georgekish, Chairman of the CBHSSJB.

LINKS WITH THE CREE REGIONAL AUTHORITY AND THE GRAND COUNCIL OF THE CREES OF QUEBEC

We continue to maintain a link with our Regional leadership, concerning the management of health and social services in Cree Communities.

We have informed the leadership about our funding and administrative problems. The support, they have given us is appreciated by the ministry and the CBHSSJB.

CONCLUSION

1990-91 was dominated by planning future health and social services for Region 10-B. This year, the government made a serious effort to solve our money problems.

We expect to have new services in the Hopital Centre, and a reorganization of all health and social services. We need adequate resources in all sectors within Region 10-B.

The Minister of Health and Social Services in collaboration with the CBHSSJB and the Cree Regional Authority will try to resolve many outstanding grievances of the CBHSSJB and the provisions of Chapter 14 of the James Bay and Northern Quebec Agreement.

We are sure that discussions this year will reach a satisfactory conclusion for the Crees and Government of Quebec. This will benefit the recipients of health and social services in Region 10-B.

Steven Bearskin
General Manager

REGIONAL HOSPITAL CENTRE

GENERAL ADMINISTRATION

In the year 1990-91 the implementation of statistics planning done last year was slow. These plans are found in the document titled "Vocation of the Chisasibi Hospital".

Some services have been equipped to provide services that were not available. In our triennial programming, we took steps to carry out the hospital's development.

The program plan for the Daycare Hospital is complete. The same is true for the organization of Minor Surgery and the re-organization of the Outpatient Clinic.

In human resources the Nursing Department is in a more stable situation. The situation for the doctors is more difficult. Replacing doctors is not easy.

You may understand from this, that a lot of work needs to be done.

PROFESSIONAL SERVICES

Last year, the focus was on medical staff stability. In 1990-1991, there were many departures and also, problems in recruiting doctors. This is true in isolated areas.

Despite this, the medical team held together, with the help of replacement doctors.

1990-1991 achievements:

The aim of the Hospital Centre was to improve on the number of services, as well as their quality. The main accomplishments were:

1. the purchase of a long colonoscope;
2. the development of an Echography Department;
3. computerization of the Pharmacy Department;
4. improvement of the equipment in the X-Ray Department;
5. an active participation in the Inter-RBHSS committee on medical staffing;
6. improvement of the Community Health programs with the co-operation of the Community Health Department of the MGH;
7. improvement of the protocols on medication use;
8. carrying on with the training programs for Medical students.

Projects like surgery under general anesthesia, Hemodialysis, and the hiring of a stable team, are the priorities for the year 1991-1992. We will make the efforts to accomplish this.

MEDICAL ARCHIVES

	90-91	89-90
ADMISSIONS		
Medicine	263	269
Obstetrics	64	71
Pediatrics	134	132
Total	**461**	**472**
Newborns	44	49
OBSERVATION	241	237
Transfer from acute care to prolonged care		
Medicine	1	2
Pediatrics	0	0
TOTAL INPATIENT SERVICE DAYS		
Acute care		
Medicine	1775	2448
Obstetrics	191	230
Pediatrics	545	580
Total	**2511**	**3258**
Newborns	125	155
Chronic care		
Medicine	2799	2315
Pediatrics	365	363
Total	**3164**	**2678**
AVERAGE DAILY CENSUS		
Acute care		
Medicine	4.9	6.7
Obstetrics	0.5	0.6
Pediatrics	1.5	1.6
Total	**6.9**	**9.0**
Newborns	0.3	0.4
Chronic care		
Medicine	7.7	6.3
Pediatrics	1.0	1.0
Total	**8.7**	**7.3**
NO. OF DELIVERIES	**44**	**49**

	90-91	89-90
DISCHARGES		
Acute care		
Medicine	263	266
Obstetrics	61	71
Pediatrics	134	134
Total	**458**	**471**
Newborns	43	49
Chronic care		
Medicine	2	4
Pediatrics	0	1
Total	**2**	**5**
TOTAL LENGTH OF STAY		
Acute care		
Medicine	1852	2417
Obstetrics	197	225
Pediatrics	542	679
Total	**2591**	**3321**
Newborns	132	147
Chronic care		
Medicine	322	5969
Pediatrics	0	1569
Total	**322**	**7538**
*AVERAGE STAY**		
Acute care		
Medicine	7.0	9.1
Obstetrics	3.2	3.2
Pediatrics	4.0	5.1
Total	**5.6**	**7.1**
Newborns	3.1	3.0
Chronic care		
Medicine	161.0	1492.2
Pediatrics	0	1659.0
Total	**161.0**	**1507.6**

* *This number is reached by dividing the number of hospitalization days by the number of departures.*

CREE BOARD OF HEALTH AND SOCIAL SERVICES OF JAMES BAY

	90-91	89-90
NUMBER OF TRANSFERS TO ANOTHER HOSPITAL CENTRE		
Medicine	13	22 + 1 chr.
Obstetrics	6	8
Pediatrics	8	4 + 1 chr.
Total	27	34 + 2 chr.
Newborns	0	1
DEATHS		
Acute care		
Medicine	8	3
Obstetrics	0	0
Pediatrics	0	1
Total	8	4
Newborns	0	0
Chronic care		
Medicine	1	3
Pediatrics	0	0
Total	1	3
OUTPATIENT CLINIC	16153	16665

LABORATORY

This is the statistical analysis of the year 1990-91 and the three previous years as for the number of tests and technical units attached to them:

YEAR	Nº OF TESTS	Nº OF UNITS
87-88	69 400	290 000
88-89	67 811	262 989
89-90	74 705	302 174
90-91	77 797	346 006

RADIOLOGY

This year, June 1990, the part time position became a full time position. The department has acquired a new name marker for the films, a mural bucky and a film duplicator. An Echography Department (ultra-sound) has operated since September 1990.

Here are the statistics for the last three (3) years.

	88-89	89-90	90-91	ECHO	ECG	T 90-91
Nº OF PATIENTS						
Inpatients	162	211	256	0		256
Outpatients	1015	1170	1254	44		1298
Referred patients	230	252	282	4		286
Total	1407	1633	1792	48		1840
Nº OF EXAMS						
Inpatients	209	249	179	0	250	429
Outpatients	1253	1432	1324	44	198	1566
Referred patients	292	339	336	4	35	5
Total	1754	2020	1839	48	483	2370
Nº OF UNITS						
Inpatients	978	1243	1456	0	3000	4456
Outpatients	8913	10660	11033	1100	2376	14509
Referred patients	2099	2609	2790	100	420	3310
Total	11990	14512	15279	1200	5796	22275
Nº OF FILMS						
Inpatients	220	368	338			
Outpatients	2275	2465	2718			
Referred patients	531	636	688			
Total	3026	3469	3744			

LESS ACTIVE PERIODS

April 22nd, 1990 to May 19, 1990
April 1st, 1990 to April 21st, 1990.

MORE ACTIVE PERIODS

February 24, 1991 to March 31st, 1991
January 27, 1991 to February 23rd, 1991.

In 1990-91 we note an increase of 7763 units, 350 examinations, and 207 patients in comparison with 1989-90.

DENTISTRY

1990-1991 was another good year for the Dental Department of the Cree Board of Health and Social Services.

The dentists for Waswanipi and Waskaganish left, and permanent ones were hired. Wemindji's dentist left on a maternity leave but is expected to return. A second dental position for Mistissini may be approved by the MHSSQ.

The CBH is taking part in an Oral Health Survey of Canada's Native People. The results of this survey will help to

determine the oral health of Cree children as compared to other native and other Quebec children. The study helps to recognize the dental needs of the Crees.

Dental treatment problems for Crees outside the community remain. Quebec may negotiate a policy for this and related "off reserve" problems.

Eastmain received new dental equipment which will facilitate delivery of dental services to the population.

PHARMACY

Our pharmacist left us in December 1990. She was here for the reorganization of the department. For 10,000 inhabitants, in eight communities, it is necessary to have two pharmacists full time.

We hired two pharmacists. One will computerize the Pharmacy. This work started in February 1991. The phase of reorganizing will be done by July 1991. During that time, our second pharmacist will have as his mandate the reorganization in the communities while insuring the proper operation of the Pharmacy.

By the end of this year, we will have a Pharmacy Department, we can be proud of.

NURSING

Human resources development

Aiming to respond to the needs of the Nursing staff, as in updating their knowledge and developing new capabilities in order to improve their attitude in the execution of their duties,

we have developed a training and occupational upgrading activities program adapted to their needs. About 75% of the training is given on the spot (which intails lower costs) and the rest of the training (25%) is done outside of Chisasibi. To rationalize expenditures, training outside of Chisasibi is organized during the "sortie" of non-resident employees. One must note that the employee is not replaced during his/her training unless it is a necessity. Once again, this has the effect of decreasing the costs of training considerably.

The new employees' orientation has been slightly changed by adjusting the orientation hours without increasing the number of hours. Six hundred and ninety-six (696) hours were necessary for the orientation of new personnel, i.e. a hundred and sixteen (116) per person.

Each employee is submitted to an evaluation and this evaluation has been improved to respond to the new needs.

New projects

This year we have participated in the progress of the re-planning project for the following: the Outpatient Clinic, the Daycare Hospital, the Department of Minor Surgery and the institution of hemodialysis. All these files are progressing very well, and only the implementation remains.

Some statistics

- 100 hours, nurses regular pay rate were allocated for "first aid" at Mamoweedow;
- 1,087.5 hours in sick leave; of which 558.25 hours was extended sick leave;
- 108.75 hours of sick leave were not replaced;
- 696 hours for the orientation of 5 nurses and 1 auxiliary;
- 1,522 hours of overtime were payed time and a half;
- 51 MEDIVACs requiring 459 hours of overtime and of nurses on call.

SOCIAL SERVICE CENTRE

YOUTH PROTECTION DEPARTMENT

GENERAL ACTIVITIES

Inland Social Emergency Services have been finalized and cover the Inland Cree communities. Mistissini is designated as the main services outlet. Two (2) workers have since been hired on a rotating basis to respond to any Social Service calls after working hours and weekends. The supervision of the Social Emergency workers both Inland and Coastal communities is done by the Youth Protection Director.

In Waswanipi, a new Social Service worker was hired to replace the one who is on education leave.

One issue which was ongoing in 1990-91 is drafting policies on Youth Protection: for example detentions, escorts and Security Service. These have been done and approved at the level of the Internal Management Committee and are now part of the policies and procedures of the Cree Health Board.

An issue to be finalized is a training package for the escorts and Security Service for the region. Once this is finalized, submissions to MHSSQ will be made by the Youth Protection Department within the year 1991-92.

The Social Service workers received training on the reference manual, for the Youth Protection Act held in November 90. This training was to give workers some historical background on the passing of such legislation. The training dealt with amendments to the Act: the roles of the Youth and Provincial Director and Youth Protection Delegates. Other training, Bill C15, deals with Child Sexual Abuse and Child Incest. It was given by Jewish Family Services.

The amount of work done in the areas of Youth Protection and Young Offenders is not stable in the Cree region. The allocation of services to the Cree territory is a slow process but this will eventually be done.

STATISTICS

Youth Protection referred to Youth Chamber (Court Appearances)

Under section 79 - Twenty-nine (29) requests

Under section 38 - Thirty-five (35) requests are made and 33 were presented

Revision - eight (8) cases
Adoption - thirteen (13) cases

The Security Unit in Chisasibi is used to hold youth who are out of control. This service was used for a total of 154 hours and serviced 16 youths.

Our Social Emergency workers in Chisasibi received 182 telephone calls, and made 76 visits to homes, hospital and/or to the police station.

The Assistant Director of Youth Protection responded after hours, and on week-ends to over 100 calls. These calls came from Chisasibi and from other communities; also from Chibougamau, Val d'Or and Rouyn. All calls were in relation to Cree youth requiring our intervention or help.

	Y.P.	Y.O.A.	ADOPT	OTHER	TOTAL
Whapmagoostui					
# Files	21	0	4	5	30
# Interventions	134	0	45	25	204
Files closed	17		3		20
Chisasibi					
# Files	32	16	0	20	68
# Interventions	259	26	0	45	330
Files closed	22	10			32
Wemindji					
# Files	14	0	0	13	27
# Interventions	137	0	0	133	270
Files closed	6			8	14
Eastmain					
# Files	10	22	0	11	43
# Interventions	35	47	0	30	112
Files closed	5	14			19
Waskaganish					
# Files	32	24	4	14	74
# Interventions	172	95	44	49	360
Files closed	18	5			23
Nemaska					
# Files	49	26	0	33	108
# Interventions	127	101	0	81	309
Files closed	12	8			20
Waswanipi					
# Files	44	23	9	1	77
# Interventions	195	165	94	2	456
Files closed	30	16	7		53
Mistissini					
# Files	81	12	0	4	97
# Interventions	466	176	0	21	663
Files closed	62	5	3		70
Total					
# Files	283	123	17	200	623
# Interventions	1525	610	183	656	2957
Files closed	172	58	10	11	251

INSTITUTIONAL AND NON-INSTITUTIONAL RESOURCES

An important aspect of working with Cree youth who have gotten into trouble with the law or who are at risk and require protection is the question of resources.

Plans are still being formalized for the development of a program for Cree youth who have severe emotional and behavioral problems. Discussions have focused on getting away from an institutionally based program and instead designing a program that focuses on using traditional Cree caring patterns and helping process in a contemporary context.

Until such time as there exists a consensus amongst the Cree population as to what type of facility will best meet their needs, the CSS will be obligated to place Cree youth outside of the region. In 1990-91, approximately thirty-five (35) Cree youth were placed in non-native reception centres in the Val d'Or, Montreal, and Lac St-Jean regions.

The CSS also places Cree children, youth, adults and elderly in foster homes within the Cree communities. A total of one hundred and eighty nine (189) placements were made during 1990-91. Mistissini had the largest number of placements, (57), followed by Chisasibi (35), Waswanipi (30) and Waskaganish (29).

A joint Cree School Board-CBHSSJB *Child and Youth Placement Study* began in early spring of this year. Concerns are that the Cree people are replicating the residential school process by placing large numbers of their children and youth away from their natural homes and the family care and support systems.

Planning and Development Priorities for 1991-92

1. Drug and Alcohol Treatment Centre
2. Youth Reception Centre
3. Residential Elderly Services and Programs
4. Training for Group Home Childcare Workers and House Parents

FOSTER HOME PLACEMENT STATISTICS 1990 - 1991

CREE SOCIAL SERVICE CENTRE

COMMUNITY	CHILDREN		ADULTS		ELDERS		TOTAL
	Female	Male	Female	Male	Female	Male	
Whapmagoostui	6	5	1				12
Chisasibi	18	14			2	1	35
Wemindji	2	3			2	2	9
Eastmain			3		2	1	6
Waskaganish	13	10	1		3	2	29
Nemaska	6	5					11
Waswanipi	2	23		1	2	2	30
Mistissini	25	29		1	2		57
TOTAL	72	89	6	1	13	8	189

The total number of foster home placements for 1989-90 was 213. The decrease in the number of placements this year is attributed to the moratorium imposed by the Quebec Ministry of Health and Social Services in September 90.

FOSTER HOME PLACEMENT STATISTICS 1990 - 1991

DAYS PRESENCE

CATEGORY	REGULAR	SPECIAL	REHAB.	TOTAL
Children 0-4	5353	107	0	5460
Children 5-11	3284	310	5	3599
Children 12-15	2982	536	0	3518
Children 16-17	2123	894	0	3017
Sub-Total	13742	1847	5	15594
Adults	20	639	6	665
Elders	0	2558	588	3146
GRAND TOTAL	13762	5044	599	19405

Weesapou Group Home

RECORD OF PRINCIPAL ACTIVITIES - Statistical Summary 1990-1991

Total Number of Youth in Placement 16
Teenage Boys 6
Teenage Girls 10
Y.O.A. Open Custody Placements.....1

Youth Protection Placements
- Article 38 - Court Order 7
- Article 54 - Voluntary Measures.....6
- Article 46-79 Urgent Measures.....2

Total "Jour de Présence" .....1,269 days
Home-visits by G.H. clients.....206 days
Back-Up Reception Centers.....63 days
Hospitalization.....0 days
AWOL 8
Discharge clients 12
Average no. clients per day.....4

The Weesapou Group Home operating permit is for 7 clients

* Since January 90, the population of clientele has been reduced since moving into a small 5 bedroom trailer.
* Weesapou Group Home will be able to take full capacity of seven (7) clients when we relocate in the new group home (June 91).

Upaachikush Group Home

Statistical Summary of clients: April 1st, 1990 - March 1st, 1991

Total number of placements.....21
Females 14
Males.....7
Voluntary Measures 5-5 1
Youth Protection Act 8
Young Offenders Act 11
Total "Jour de Présence".....2,159 days
Home visits of Group Home clients 55
Back-up Reception Center.....8
Hospitalization.....0
AWOL.....12
Discharged clients.....9
Average number of clients per day 6
Upaachikush Group Home
operating permit is for.....7

LOCAL COMMUNITY SERVICE CENTRE - COASTAL

GENERAL ADMINISTRATION

During the 1990 fiscal year, two (2) interim directors left. Despite this, the Coastal CLSC, made a fresh start and hired a second Interim Director, who assumes all the responsibilities.

This year we will continue with:

- collecting more useful data to monitor programs, curative care and house calls
- two nurses on call to provide more consultation and professional expertise.
- supervising and evaluating priorities: i.e. visits to nursing staff and support employees.
- three nurses for Whapmagoostui.

HEALTH COORDINATION

Our nursing staff made 80% of interventions with clientele.

Statistics on communities	Curative Services: Nurses	Community Health Programs: nurses	Curative Services: doctors	Community Health Programs: doctors	Specialists	Dentists
Whapmagoostui	5519	943	277	241	36	374
Chisasibi	N/A	2376	-	878*	-	-
Wemindji	4279	847	654**	-	182	613
Eastmain	2672	980	325	119	172	306
Waskaganish	7060	2848	290	784**	278	1306

* *Clients seen by the doctor and the nurse at the same time*

** *Visits to curative services and Community Health Programs are included without any distinction*

The work done by Nurses is different from that in the south. Because of this Nurses need:

- training by a specialized instructor, the MGH and MCH
- evaluation to renew knowledge
- diminish stress
- better relationship with clients, fellow employees and management
- give employees a chance to meet expectations during the probationary period
- improvement in teaching methods

Relief shifts have been created to keep services going. Lodging conditions need to be improved before hiring relief staff.

The Quebec Order of Nurses did professional inspections in Oct. 1990, in Coastal communities. They studied documents, job descriptions, care concepts, patients' follow-up, work tools and medical acts.

The CHRs took a basic course in first aid. People who are in charge of Bush Kits were also trained.

Some objectives for next year are:

- a review of the laboratory notebook
- evaluation of nurses according to seniority
- a full-time instructor for CHRs
- updating Community Health Kardex
- changing policy on biological waste

NUTRITION

The dietician focused her efforts on 2 projects:

1) revision of School Nutrition Education program
2) creation of Nutritional Manual and pamphlets

Nutrition Education Program
(Kindergarten - Grade 6)

The program was revised and carried out by the CHRs in schools of Region 10-B except Waskaganish and Eastmain. The CHRs received a short training for the new program.

Nutritional Manual and Pamphlets

A manual adapted to the Cree Context is being done for the CHRs (English) and the health professionals (French). This manual will help to promote healthy eating habits.

The CHRs will do one-to-one counselling on certain diets. Thirty-five (35) samples and visual pamphlets will be made as a teaching tool. Other projects are:

- diabetic patients counselling
- revision of booklet: "A New Born in the Family"
- Nutrition tools questionnaire for Santé Québec
- Nutrition month 1991
- diet counselling: 55 clients in Region 10 - B

SOCIAL COORDINATION

There was a large turnover within the LCSC's Social Services staff. A new Social Coordinator took over in November 90 after the position had been vacant for more than 2 months. During the last 6 months, the Whapmagoostui Community worker was replaced twice; the new Wemindji Community worker went on a maternity leave thus leaving the position open for another worker. Finally a Community worker from Chisasibi was replaced. Needless to say, the lack of continuity has a strong impact on the ability to develop the required expertise to respond to people's needs.

Nevertheless, the Homecare Program has been restructured. Standardized material has been produced to ensure a better control on this program. It provides Community workers and Homecare workers with technical support, fostering a professional approach and attitude at work. Job satisfaction should ensue and possibly secure staff stability.

- Some 11,570 homecare hours were allocated to 85 different clients.
- Intensive homecare clients (more than 5 hours per week) representing 19% of the clients, received 70% of these hours.

Even if training has not been recognized as a priority and given proper attention, the Homecare workers attended a one (1) week training. Some Community workers attended workshops on alcohol abuse, and the use of native traditional values to remedy family violence.

Here are some statistics on Homecare Program for year 1990-91 (from October 90 to March 91).

Communities	Nº of Beneficiaries	Nº of hours Normal	Nº of hours Intensive H.C.	Nº of hours	Nº of visits	Nº of interv.	Nº of interv.
Whapmagoostui	11	362	196	558	375	1236	78
Chisasibi	33	806	2066	2872	811	4275	149
Wemindji	10	198	215	413	296	1197	82
Eastmain	13	190	1012	1202	347	2479	141
Waskaganish	13	174	485	659	350	1084	7
TOTAL	80	1730	3973	5704	2179	10271	457

NNADAP - COASTAL

In April 1990, NNADAP helped to bring "Kashtin" to Chisasibi. Fundraising was done in Chisasibi and Wemindji.

The 1990 - 91 NNADAP Contribution Agreement, will allow NNADAP Workers to be involved in administrative and technical matters. This will speed up programs throughout Region10-B, and steer young people away from alcohol, drugs, and substance abuse.

We regret that we did not have a worker in Whapmagoostui for eight months. We sent a former Community Worker from Chisasibi, who was a big asset to our program.

Many people have not attended "Awareness Week" in the last few years. We decided to present weekly radio programs on this subject.

LOCAL COMMUNITY SERVICE CENTRE - INLAND

GENERAL ADMINISTRATION

Some administrative people left this year. The Director also resigned. During this time follow-up activities were not continued, and new projects were not implemented.

The Minister of Health and Social Services visited Mistissini this year. Some files on triennial programming were finalized.

With the new administrative staff, we will review planned activities to reach our goals.

HEALTH COORDINATION

Triennial programming has been followed, and the main achievements are:

- support Native oriented services i.e. Crees will do administrative tasks; CHRs are given follow-ups and more support
- establish a good administrative scheme. Nurses will be responsible for one preventive program. A Kardex will be used for medical supplies and clinical registers will be used.
- create recognition of the CLSC by the people. Health Committees will become more involved with help from professionals. Health issues will be presented on local radio.
- improve personnel management regarding holidays etc. Nurses are trained before they are hired.
- make sure that clinical personnel can react to CLSC mandates and replacements are available.
- supervise Community Health programs. STD and AIDS information is available; also condom dispensing machines for schools; public areas. A conference on Aids was given in Region 10-B. TB cases were focused upon.

TABLE 1. Consultations during the year 1990-91 (Nurses, doctors and specialists)

Service Outlets	Total NO. of Consultations	Ratio curative/ preventive
Mistissini		4,3 : 1
curative	15,088	
preventive	3,485	
Waswanipi		2,2 : 1
curative	5,550	
preventive	2,558	
Nemaska		3,3 : 1
curative	2,734	
preventive	810	

TABLE 2. Consultations (external) by nurses, doctors and specialists

	Emergency cases	Elective cases	Total
Mistissini	108	246	354
Waswanipi	60	25	85
Nemaska	13	83	96
Total	181	354	535

It is difficult to know the number of external consultations.

TABLE 3. Specialists Consultations for 1990 - 91

Service Outlets	Consultation in the community	External consultation	Total
Mistissini	1274	354	1628
Waswanipi	--	85	85
Nemaska	98	96	194

The only specialists visiting Nemaska are ophthalmologists (eye doctor) and optician (glasses). Mistissini has visits on a yearly basis. The psychiatrist (mental disorders) came three times; the internal medicine specialist 3 times; the orthopaedist (bone specialist); pediatrician (baby doctor); Neurologist (Nervous disorders); dermatologist (skin doctor); endocrinologist (gland specialist); optician and ophthalmologist came once (1).

TABLE 4. Replacement of Nurses per Services outlets for 1990 - 91

Services Outlets	Total N⁰ F.T. position	F.T. position replaced	N⁰ OCC. Nurse/ total N⁰ of days replaced
Mistissini	5	1	8/239 worked days
Waswanipi	3	3*	9/266 worked days
Nemaska	2	2	10/216 worked days

F.T.: full time, OCC.: part time
* F.T. Nurses as replacements and left within 1 week.

Nemaska had more replacement nurses. Nurses worked part time before full time positions were filled.

The Communities have to be flexible to adjust and adapt to all these new nurses.

TABLE 5. Average number of patients seen per day, per nurse, per 40 working days.

Service Outlets	No. of day Nurses	Total No. clients seen	Average seen per day/nurse
Mistissini	188	1961	10.4
Waswanipi	114	1065	9.3
Nemaska	78	563	7.2

The No. of Consultations (preventive and curative) per day for August and September 1990.

SOCIAL COORDINATION

The main focus of the Inland CLSC was supervising caseloads for Community Workers. Caseloads were as follows:

Waswanipi	Total
Home care	21
Medical/Adult	7
Elders	14
Adult Counselling	12
Couples & family counselling	18
Youth counselling	33
Total	84

Nemaska	Total
Home care services	4
Medical/Adult	-1
Elders	-3
Adult Counselling	6
Couples & family counselling	8
Youth Counselling	2
Total	20

Mistissini	Total
Homecare Services	23
Medical/Adult	-11
Elders	-12
Adult Counselling	40
Couples & family counselling	32
Youth Counselling	16
Total	111

Treatment Centres referrals:
24 cases; 5 - 6 weeks
3 cases; 3 months

In cases of Substance Abuse, Community Workers assess cases, do referrals, follow-ups, and give support to families.

Community Workers help plan training programs. They act as resource persons to the CBH, Band Councils and CSB.

As an example Community Workers, plan workshops on "grief", as a community project.

NNADAP - INLAND

Prevention Workers create projects for communities; each community is asked to deal with abuse and to help find solutions.

NNADAP does classroom presentations for youth and elderly.

The Prevention Workers organize special events like; art and essay contests, youth dancing groups, field trips and clan presentations. NNADAP also holds an Awareness Week.

Band Councils are invited to get involved. This has a bigger impact on the populations.

We think NNADAP is heading in the right direction.

PLANNING, PROGRAMMING, RESEARCH, COMMUNICATIONS, GENERAL SECRETARIAT AND TRAINING SERVICES

INTRODUCTION

In 1990 - 91, many files were approved by the Board of Directors and MHSSQ. The other files will be completed soon. This will help to improve health and social services.

Last year, the Community Health Programming Officer and Information Officer left. These positions have to be filled soon. On the other hand, a new translator has been hired for our services.

Many mandates arise through the years, but human resources are not always available.

PLANNING SERVICE

1. Plans on mental health services and for the intellectually and physically impaired have been approved. We will do follow-ups after we consult with the Crees.
2. We devised a policy on health and welfare. The working document is complete, and now, we will consult with the people about this.
3. The administration of the Northern Quebec Module may be given to the CBHSSJB. When the Minister visited us last year, it was agreed the CBHSSJB will have its Community Health Department.
4. We participated in the elaboration of the functional plan for the Regional Hospital Centre.
5. We produced a working document on office space required for our services.
6. We discussed the organizational chart of CBHSSJB and our services.
7. We started to implement the policies on evaluating managerial personnel and triennial programming.
8. We started a file on CHRs. We aim to find a solution on this file.
9. We managed funds for the OPHQ and Heaviness of the Clientele, mainly for the elderly.
10. A plan was done for evaluating students who are intellectually and physically impaired in Mistissini by the Cree School Board and CBH.
11. Some files that are now computerized are; Val d'Or Patient Services, Pharmacy, Social Service Centre; Home care for Coastal CLSC; Cargo file for Finance.

PROGRAMMING SERVICE

1. We worked on a table of Community Health Programmes and Research.
2. Triennial Programming for Adult Health is complete. This includes heart disease, diabetes and high blood pressure.
3. With the dietician, we talked about doing a video on obesity.
4. The Bush Kit Program was revised and translated into Cree.
5. Methyl mercury exposure is being monitored. Few people have ill-health from this. A video on Mercury "Symbol of Life" is available in Cree, French and English. It was sent to all Communities, Mercury Survey results have been sent to people.
6. We continue to push for corrective measures and the impact of mercury, with programs like subsidized fishing and goose ponds.

   The coordinator of the Mercury Program left for one year.
7. 1990 Statistics on Mercury Program - % participation.

Whapmagoostui:	92.7%
Chisasibi	37.8%
Wemindji	66.8%
Eastmain	65.5%
Waskaganish complete)	13.7%
Nemaska	73.5%
Waswanipi	48.9%
Mistissini	73.2%
Oujé-Bougamou	67.4%

8. A master program on Home care for the elderly and handicapped, was presented to the Board of Directors March 1991.
9. We produced the triennial programming for Auxiliary Services and it was adopted by the Board of Directors.
10. We produced the 1989-92 triennial programming for General Management with the help of the General Manager.
11. We participated in the finalization of the 1989-92 triennial programming for Human Resources and Finance, which were also adopted by the Board of Directors.
12. We revised the book called "A Newborn in the Family". The chapter on Nutrition has been completed by the Dietician.

COMMUNICATIONS SERVICE

1. We participated in the preparation of the Santé Québec Survey.
2. We were part of MNQ's Radio for better health.
3. In May 1990, the CBHSSJB introduced an orientation book for recruiting health professionals.
4. We produced weekly news from CBHSSJB, through local community radio.
5. We did two special issues on NNADAP and Nutrition, through Aispich Chakwan.
6. We attended a seminar on communication tools and techniques in Ireland.

RESEARCH SERVICE

1. We collected data on consuming medicines and organization of Pharmacy services.
2. The CBH continue to fund MNQ in doing research on Community Health.
3. In the beginning of 1991, the Mercury Program was evaluated (first phase of the research). This was done by interviewing the intervenors. In Summer 1991, we will interview the population on that matter.
4. Cree families were used to test the questionnaire for the Santé Québec Survey.

GENERAL SECRETARIAT SERVICE

1. A document about Bill 120, and its impact on the CBHSSJB was produced and sent to the Conference CRSSS for study.
2. We completed the implementation framework on the clinical staff Advisory Committee. This is being reviewed by the Board of Directors.
3. The Director of PPRCGST took a training course on document management.

TRAINING SERVICE

1. Training in the CBHSSJB is a new mandate for PPRCGST. Managerial and non-managerial people will be trained by the region. The Board of Directors need training also.
2. We have revised our training policy. We worked on an organizational chart for the training services.
3. A course on the roles and responsibilities of the Board of Directors was given to board members by the Regional Council of Montreal - Metropolitan.
4. A certificate in social work for Community Workers is under discussion. A consultant has done some work on this.
5. A working session with nurses and CLSC managers allowed us to plan training needs for nurses (FIIQ) in 1991 - 92.

ADMINISTRATIVE SERVICES

HUMAN RESOURCES DEPARTMENT

Regular employees on leave of absence have returned this year. A high rate of turnover is found in Northern establishments.

We had 61 positions to fill (not including replacement nurses). There were 56 permanent positions, 5 managerial and 5 temporary including 2 managerial ones. We had to use other agencies in 16 cases of hiring nurses. A new recruitment officer was hired in Montreal.

The payment of food transportation costs will be resumed. The main decision since July 1989, was to maintain this benefit, without the allowance options. Some guidelines have been developed for payment of food transportation.

Keeping data up-to-date is a continuing process. We have entered data on master files, information on insurance plans, collective agreements, and information to new employees.

The Nurses Union (FIIQ) have presented more grievances since December 1988. For three years we have avoided costly arbitration. The main issues are food transportation costs and outpost grievances.

After an inventory in December 1990, furniture items were replaced.

A work hazards and materials information system was created in Chisasibi. The Administrative Technician is the trainer for this Act.

We have tried to improve data entering on master files. More training sessions will be given this year about CARRA, SSQ, and I.S.T.

Our Human Resources consultant took a course on personnel selection in Montreal.

Our 1989 - 92 triennial programming plan was adopted by the Board of Directors.

AUXILIARY SERVICES

A new Director for these services was hired in December 1990.

A call management system was purchased. This will help to manage and recover telephone costs.

A study is underway, to see if the CBH should have its own aircraft. This would reduce transportation costs.

There are more beneficiaries going to Val d'Or for second and third line services. There are problems in getting people to meet their appointments and escorts to respect their escort duties.

There is also a lack of housing and office space. We plan to relocate the administrative staff and Social Services as soon as possible.

Our 1989 - 92 triennial programming plan was adopted by the Board of Directors.

FINANCE DEPARTMENT

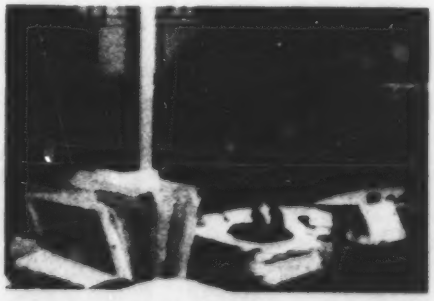
Following the budgetary review, the CBH will focus on public funding and the administrative process within this department.

We held back on new development this year, and this brought the deficit to 1.51 million, from 2.2 million the previous year.

Our department will now, benefit from a new data bank. This will allow faster processing and more flexibility in our reports. In the long-run, this a cost-saving step.

Our 1989 - 92 triennial programming for this department has been approved.

To the Finance team, for their dedication and support, our most grateful appreciation.



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AUXILIARY SERVICES

OPERATING FUND

REVENUES AND EXPENSES
FOR THE YEAR ENDING ON MARCH 31st, 1991

REVENUES	1990-1991	1989-1990
Grant from M.S.S.H.Q.	$19 425 264	$17 938 165
Patients contribution	25 534	25 412
Activity Centres recoveries	115 331	125 018
Other revenues	1 039 584	654 647
TOTAL	$20 605 713	$18 743 242
EXPENSES		
Salaries	$ 9 376 733	$ 8 618 316
Fringe benefits	2 631 482	2 488 981
Other expenses	10 112 159	9 856 966
TOTAL	$22 120 374	$20 964 263
SURPLUS (DEFICIT)	$(1 514 661)	$(2 221 021)

OPERATING FUND

BALANCE SHEET
AS AT MARCH 31st, 1991

ASSETS	1990-1991	1989-1990
CURRENT ASSETS		
Cash	$ 13 416	$ 107 716
Deposits		
Accounts Receivable		
- M.H.S.S.	347 035	697 133
- Other	646 697	240 054
Prepaid expenses and inventory	412 392	398 211
TOTAL ASSETS	**$1 419 540**	**$1 443 114**
LIABILITIES		
Credit margin	$2 546 376	255 000
Accounts Payable and accrued liabilities	$3 090 994	
Due to other funds	604 175	471 960
Other	492	0
TOTAL	**$6 242 037**	**$5 055 283**
BALANCE OF FUND (DEFICIT)	**$(4 822 497)**	**$(3 612 169)**
TOTAL LIABILITIES AND OF FUNDS	**$1 419 540**	**$1 443 114**

CAPITAL FUND

BALANCE SHEET
AS AT MARCH 31st, 1991

ASSETS	1990-1991	1989-1990
CURRENT ASSETS		
Accounts receivable	$ 746 868	$1 258 533
Total of current assets	$ 746 868	$1 258 533
LONG TERM ASSETS		
Buildings, leasehold improvement	$3 124 529	$2 522 339
Equipment, Vehicles	2 911 818	$2 684 612
Deposit on assets	1 615 194	$ 942 096
Total on long term assets	$7 661 541	$6 149 047
TOTAL	**$8 408 409**	**$7 407 580**
LIABILITIES		
Credit margin	$ 541 117	964 670
Accounts Payable	413 804	$ 20 573
Due to Other Funds	84 461	42 525
TOTAL	$1 039 382	$1 027 768
Debentures	$1 500 000	$1 500 000
TOTAL	$2 539 382	$2 527 768
BALANCE OF FUND	$5 869 027	$4 879 812
TOTAL LIABILITIES AND BALANCE OF FUNDS	**$8 408 409**	**$7 407 580**